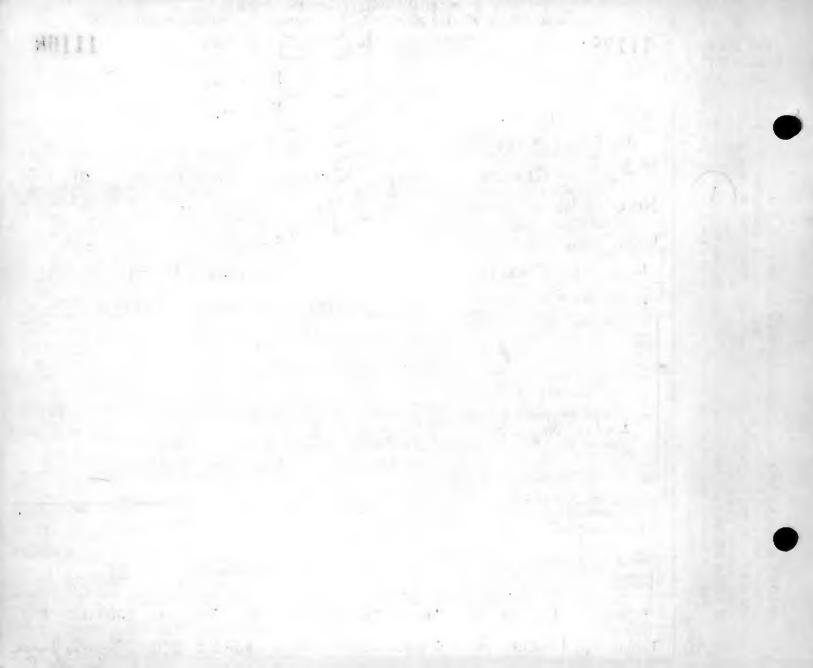
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY y filled in by the fu papers. Pages 1 a thin 72 hours after d Maryland Caroline aroline MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Ridgely d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Central Ave. None YES NO TO and completely fremove carbon prany event, within executed within NAME OF DATE First Month Day Year Middle Last DF DEATH DECEASED Cannon (Type or print) 8 1966 Grace AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female WIDOWED DIVORCED [8-30-1888 attending physician a ermit. Then please re on, or removal, and in: 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) The law requires that the death certificate be None USA Housewife Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME Letecia Bailey Alexander Parris 17. INFORMANT transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 36 SOCIAL SECURITY NO Address (Yes, no, or unkown) | (If yes give war or dates of service) Ruth Garev Ridgely. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crama ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Parkinson's Disease PHYSICIAN: The law requires that the hospital or attending physician. 3.50 X DUE TO Generalized Arteriosclerosis Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. has 88 WAS AUTOPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health use PERFORMED? certificate Decubitus III cers NO I YES | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 8 or Part 11 of Item 18.) detached for the Dept. of I MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) should be Hour a.m. While Not While at work ATTENDING retained by p.m. at work 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: Jage 3 should lied with the 19 66 and that death occurred at2 30 Prom the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR page M.D. 4 may O HOSPITAL FUNERAL 220. PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) Greensboro. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 8-24-66 Greensboro Greensboro, Mary Yand Rurial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 1966 VR A15 (4) 1/65

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| | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|------------------|---|---|
| 1 | 11179 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11 | 168 |
| Its after death. | 1. PLACE OF DEATH a. COUNTY CAROLINE ARRYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before o. STATE MARYLAND b. COUNTY CAROLINE | |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares write RURAL and give neares town) RURAL — PRESTON — RURAL MONS C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares town) RURAL — PRESTON — RURAL | 05.1 |
| | d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) A. STREET ADDRESS RFD | e. IS RESIDENCE ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or print) CLAYTON COVEY CARROLL OF DEATH AUGUST 21 | 19 66 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Days WHITE WIDOWED DIVORCED JUNE 30, 1937 9. AGE (In years last birthdoy) Months Days | IF UNDER 24 HRS Hours Min. |
| | 100, USUAL OCCUPATION (Give kind af wark dane during mast of warking life, even if retired) NEVER HELD JOB 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or fareign country) 12. CITIZEN OF BUSINESS OR II. BIRTHPLACE (State or fareign country) 12. CITIZEN OF BUSINESS OR II. BIRTHPLACE (State or fareign country) 12. CITIZEN OF BUSINESS OR II. BIRTHPLACE (State or fareign country) | A |
| | 13. FATHER'S NAME HARRY L. CARROLL 14. MOTHER'S MAIDEN NAME GERTRUDE COVEY | |
| | | ND. |
| | PART I. DEATH WAS CAUSED BY: Fracture of cervisal- ntoh ae | TERVAL BETWEEN ISET AND DEATH |
| 1 | 17727 00000 | nutes ainu t |
| | stating the underlying cause (c) | a S |
| 9 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Lalen Report To Blood A 10040 | WAS AUTOPSY PERFORMED? 'ES NO |
| | Lalen Report Blord Alcoho 200. EXTERNAL CAUSE WAS PRIMARY- or CONTRIBUTING Hit by a car while walking on the road | |
| | 20c. TIME OF INJURY Manth, Day, Year Hour a.m. 20d. INJURY OCCURRED Of the PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Of the PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) 20d. INJURY Manth, Day, Year Office bldg., etc.) | (State) |
|) | 21. I certify that I taak charge of the remains described above the an Autapsy , Inspection , Inquiry , and death resulted fram. Natural causes, , Accident , Suicide , Hamicide , Undetermined manner | I'm my opina |
| | CHIEF MEDICAL EXAMINER | 22. DATE SIGNE |
| 1 | EXAMINER'S NAME (Type) Harold B. Plummer MD. DEPUTY MEDICAL EXAMINER 1 Address (Street, city, town, or county) 3/22/6 | 66 |
| | 230. BURIAL (REMATION, PUBLIC PROPERTY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY PRESTON CAROLIN | E MD |
| 1 | 24. FUNERAL DIRECTOR FUNERAL HOME, FEDERALS BURC, MD DATE AUG 25 1866 2 Clearly | |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Caroline and 3 to Maryland deoth, MARYLAND Caroline b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) r LENGTH OF STAY IN 16 c. CtTY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) 25 years Denton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? pencil in Item 18. Give Poges 1, Office olong with farm hours 323 South Second Street 323 South Second Street 3. NAME OF First Middle 4. DATE Month Year DECEASED 19 66 August James Frank Lane Jr. within (Type at print) DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Months Haurs April 11, 1914 Male White hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY Goldsboro, Maryland Accountant - The Nuttle Lumber & Coal Co. d "pending" in pencil in Chief Medical Examiner's 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within J. Frank Lane Margaret Scott 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknawn) (If yes give war ar dates af service) or removal. 215-20-4713 Mrs. Caroline M. Lane, Denton, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH Acute Myocardial Infarction IMMEDIATE CAUSE (o) HUL'S writing the word cremotion, DUE TO Conditions, if any, which gove rise to immediate couse (a), Caraanry Artery DUE TO stating the underlying cause 0 05 buriol, (PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? please execute the certificate, YES NO F pe pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, affice blda., etc.) While Nat While may be retained for your FUNERAL DIRECTOR: Page at work at wark designated 21. I certify that I tack charge of the remains described obave, held an Autapsy Inspection 17. Inquiry F and in my apinian death resulted from: Natural couses se Accident . Suicide 1 Undetermined manner Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE une Aug. 6, 1966 Ь DEPUTY MEDICAL EXAMINER EXAMINER'S Harold B. Plummer, M.D. Heolth NAME (Type) Address (Street, city, tawn, ar county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 50 REMOVAL (Specify) Aug. 7,1966 Hill Crest Cemetery Federalsburg, Maryland 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY Framptom and fon, Federalsburg, Maryland DATE AUG 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR VR A15ME (5) 1986 Ochanles

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JUNISIAN OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1 and 2 24 hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY by the furnamental pages 1 irs after of Caroline c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Greens boro Cambridge E papers. in 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled i e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Within Nursing Home YES ND . completely i executed within NAME DE First Middle Last 4. DATE Month Day Year DECEASED event, (Type or print) Fannie DEATH 19 66 McCroadv 170 6. COLOR OR RACE | 7. MARRIED remove n any eve 5. SEX AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH NEVER MARRIED last birthday) Months | Days Hours and TUNK DIVORCED T Unk. Col. WIDDWED 2 1Da. USUAL DCCUPATION (Give kind of work done I 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, as foreign country) 12. CITIZEN DF WHAT been signed by the attending physician the burial-transit permit. Their please rate burial, or chaysa, and in be during most of working life, even if retired) COUNTRY? INDUSTRY Unk. USA Mayland death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unk. Unk. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Unk. Dorchester Welfare Camb. Board INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) Coronary Thrombosis DUE TO Arterios clerotic G. V. Disease Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating prior underlying cause last. After this certificate has a be detached for use as State Dept. of Health prio CERTIFICATION WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME DF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While 19 at work at work p.m. DIRECTOR: Af aug. 1906 1110 21. I certify that (I) (this hospital) attended the deceased from. 1966 Attac saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 222 SIGNATURE 22b. DATE SIGNED Aug. 26 66 page ; ATTENDING STAFF Page 4 may b DIRECTOR PHYS. PHYS TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) .Sto 25 Greens boro NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREDF (Specify) 8 66 Waugh Cambridge REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR **ADDRESS** 25a. DATESEP Cambridge, Md. A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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BALTIMORE 1. MARYLAND I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 (N (If outside perporete limits, write RURAL and gi d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE Last Day Year Month DECEASED OF (Type or print) DEATH 19 9. AGE IN Year IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. last birthday Months 10a. USUAL OCCUPATION (Give kind of work done during most of working the, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMAL permit. (Yes, no, or finkown) | (Ifyesgivewerordelesofservice) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). 's Office along v INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate ceuse (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert II or Pert II of item IB.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 201. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DEPUTY-W please exect 4 should be O FUNERAL Health or its d ASSISTANT MEDICAL EXAMINER NAME (Type) 24e. REC'D BY REGISTRAR VR A15ME 1966

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| 1 | | 1 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | |
|---|------|----------|--|--|
| N S | | | 11183 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist | No.11171 |
| please exe 4 shauld b cremation | | 1. [| PLACE OF DEATH o. COUNTY Caroline MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence of STATE Maryland b. COUNTY Ca | e before admission) roline |
| Page / | (M) | b | b. CITY OR TOWN (If outside corporate limits, write RURAL and good give pearly lown) Federalsburg, R. E. D. 2 yrs. Federalsburg, R. E. D. | |
| | | - | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) none d. STREET ADDRESS none | IS RESIDENCE ON A FARM? YESSE NO [|
| delay eral di our fil | | Į į | DECEASED | Day Year |
| fund y and y | | 5. s | | 7 1966 EAR IF UNDER 24 HRS. |
| n of the | 1) | M | lale White WIDOWED DIVORCED August 30, 1894 71 yrs. Mpnths Do | ys Hours Min, |
| and 3 | . / | 100 I | usual Occupation (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE during most of working life, even if retired) Retired lumberman Maryland | N OF WHAT COUNTRY |
| 1, 2, 1 ady 1 s 1 o | | 13. | FATHER'S NAME | |
| ages de 5 j | | 15. | William A. Roe M. Laura Calloway was deceased ever in u. S. Armed Forces? 16. Social Security No. 17. INFORMANT Address | |
| ive P | | [Yes. | "Morthouse (if you find you of doles of service) 22I-24-275I-A Cornelius Roe Luthers | rille. Md |
| . × | | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| rin f | | | PART I. DEATH WAS CAUSED BY: Acute Myocardial Infarction | minutes |
| exec exec iith fo iith fo ansit | | | 4301 DUE TO | _ |
| pencil i | | | Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse last. Constituting the underlying course last. Constituting the underlying course last. | b5 veers |
| fice as a so | | Z | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I | |
| rading Sed | | CAT | | YES NO |
| is can | | 15.1 | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of Item 18.) | |
| the ward dical Exa a 3 shaul | | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Count Hour g, m. 19 of work of work of work 10 of wo | y) (Stote) |
| iling F Me | | | 21. I certify that I toak charge of the remains described above, held an Autapsy, Inspection 2. Inquiry | 🔼, and find the |
| O. v. v. v. | | | death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause . | |
| | | | ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER | DATE SIGNED |
| the cert orded to VERAL! | | | EXAMINER'S NAME (Type) harold P. pluminer DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER | 8/19/55 |
| cute the forwards | | 220 | D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) | (Stote) |
| 5 - 5 | 0 | | Burial Aug 19 Greenshore Greenshore | Maryland |
| /S. A15ME(5) | Cold | 23. | Federal sburg, Md oate AUG 24 1966 MCharles | en Judge- |
| 5M 9/55 | 13.2 | | Invitation a side of | 9 9 |



| - | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1 | SA A DVI A NID . |
|-------------|--|----------------------------------|
| | CERTIFICATE OF DEATH | 11172 |
| 1. | PLACE OF DEATH CAROLINE MARYLAND 2. USUAL RESIDENCE (Where decessed lived, H institution. STATE OF LINE MARYLAND D. COUNTY OF | Residence before edm |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL en give neerest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL en property town) C. CITY OR TOWN (if outside corporate limits, write RURAL en property town) | d give nearest town) |
| | d. NAME OF FIOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS | e. IS RESIDE ON A FA |
| 3. | NAME OF DECEASED (Type of print) EDNA WICKLINE SHIPMAN OF DEATH AUG | 7 19 6 |
| 5 | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) 8 2 yrs. Months 2 yrs. | YEAR IF UNDER 24 Doys Hours A |
| _ | CIVEL SERVICE POST OFFICE MARY LAND | NS7- |
| _ | STEPHEN SHIPMAN HANNAH COUKSE | 4 |
| | es, no prupown) (Ifyosgivoworordotosofsorvice) 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. J. H. DELARA, GLOUCES | TER, VA |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ON B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).) | ONSET AND DE |
| | Conditions, if any, which 3 (b) Thyonic Heart Dis last | Hygy |
| | gave rise to immediate cause (a), stating the underlying DUE TO (c) DICUNILLY ON ONE OF | lomo |
| NOIT A. | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR | YES N |
| CERTIFICATI | 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER). | |
| MEDICAL | 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While et work at | unty) (Si |
| | 21. I certify that (I) (this hospital) attended the deceased from 19:20 to 19:20 to 19:20 to 19:20 saw the deceased alive on 19:20 and that death occurred at A. M., from the causes and on the causes and on the causes are considered. | |
| | 220. SIGNATURE ATTENDING MED. STAFF PHYS. OIRECTOR PHYS. OIRECTOR PHYS. G. | 226. |
| | 22c. PHISICIAN'S CHE CONCESS (LAME (Type)) 22d ADDRESS (LAME (Type)) 2 | |
| 2 | BENJON 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown of court SEMOVAL (Specify) AUG-9, 1966 DENJON | M). |
| 2 | FUNERAL DIRECTOR'S SIGNATURE SON APPRESS DENTON 250. REC'D BY REGISTRAR 256. REGISTRAR'S DATE AUG 1 2 1866 PCL | SIGNATURE |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, ... 11185CERTIFICATE OF DEATH by the Tuneral Pages. 1, and 2 urs after death. hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Caroline Maryland Caroline MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b emove carbon papers. Pag any event, within 72 hours Federalsburg Li fe filled in Federalsburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Brooklyn Avenue Brooklyn Avenue ND X YES completely executed within 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED Samuel Garfield (Type or print) 66 Turner DEATH August 6 19 dire, physician and com Then please remove c emoval, and in any evel AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Ist birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH Male Negro WIDOWED . DIVORCED [Feb. 10. 1885 81 10a, USUAL OCCUPATION (Give kind of work done of the line of the l 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) pe COUNTRY? Federalsburg, Maryland Retired Day Laborer USA Factory death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leona Johnson Henry Richards attenti 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address certificate has been signed by the attented for use as the burial-transit permit.

t. of Health prior to burial, cremation, or (Yes, no, or unkown) ((If yes give war or dates of service) 215-18-4499 James G. Turner, Federalsburg, Maryland the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction PHYSICIAN: The law requires that to the hospital or attending physician. IMMEDIATE CAUSE (a) hour DUE TD heart disease several Conditions, If any, which Coronary (b) gave rise to immediate vears DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use PERFORMED? ND F YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) 20a. ACCIDENT WAS UNDERLYING detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. After this (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) at work Not While factory, street, office bldg., etc. Hour a.m. OR ATTENBING be retained by DIRECTOR: Al August, 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. June 16. 19 6640 and that death occurred at 5:25 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. STAFF PHYS. Aug. 8, 1966 Unice Danz M.D. Page 4 may TO FUNERAL D Pa Fi 22d. ADDRESS 22c. PHYSICIAN'S director, p should be 1 NAME (Type) Federalsburg, Maryland Frank M. Anderson, M.D. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Federalsburg, Maryland Burial Aug. 10,1966 Federal Hill Cemetery 24J FUNERAL DIRECTOR and Son, Federalsburg, Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4) Come Trainstour 15M 4-64

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| 1 | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | |
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| | 11186 | CERTIFICATE | OF DEATH | 11174 | | |
| | O. COUNTY CORULTNE | MARYLAND | 1,10(m/Telna) | COUNTY OROLINE | | |
| | 6 IITY OR TOWN (If outside carporate limits, write BURAL and give napres town) | c. LENGTH OF STAY IN 16 | KURAL DE | rite RURAL and give nearest town) | | |
| 0 | d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, g | ive street address) | d. STREET ADDRESS | e 1S RESIDENCE ON A FARM? YES NO | | |
| L | NAME OF DECEASED MES First AUGUSTICATION OF RACE 7. MARRIED | STUS WILL | LOUGHBY DEATH OF DEATH P. AGE (In y | Month UG Doy Year 1966 eors IF UNDER 1 YEAR IF UNDER 24 HRS. | | |
| 10 | MIDOWED WIDOWED | DIVORCED A | 10 V 21, 1881 Store bight | day) Months Days Hours Min. | | |
| | FATHER'S NAME | DUSTRY | 14. MOTHER'S MAIDEN NAM | S county34 | | |
| 111 | FRANK WILLOUGH. S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or anknown) (If yes give war ar dates of service) | | AMPNED & CO | Address - HBY DENTON | | |
| | 1B. CAUSE OF DEATH (Enter only one cause par line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | (o), (b), and (c).) | sent ion | INTERVAL BETWEEN ONSET AND DEATH | | |
| | Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause | TivIvalor | leabing coil | ility 3 yrs | | |
| NOI | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1 | O DEATH BUT NOT RELATED TO TH | HE TERMINAL DISEASE CONDITION GIVEN IN PART | 1(a) 19. WALAUTOPSY PERFORMED? YES NO | | |
| CERTIFICATION | 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | SCRIBE HOW INJURY OCCURRED. (I | Enter nature of injury in Part I ar Part II of item | | | |
| MFDICAL | 20c, TIME OF INJURY Manth, Day, Yeor Haur a.m. 19 20d. II While at worl | Nat While of focto | E OF INJURY (Hame, form, 20f. (City or to pry, street, office bldg., etc.) | | | |
| | 21. I certify that (I) (this hospital) attention sow the deceased olive an 1 22a, SIGNATURE (| ded the deceased fram | deoth accurred at 11.45 AM, fram co | 7. h., 19. h., that (i) (we) last ausses and on the date stated above 22b. DATE SIGNED | | |
| ŀ | 22c. PHYSICIAN'S | lewy ye MD | 22d. AODRESS | 0 8-19-1966 | | |
| 2 | NAME (Type) 10. BURIAL, CREMATION, 7. REMOVAL (Specify) ALL A 7.1961 | 23c NAME OF CEMETERY OR C | REMATORY 23d TOCATION (CIT | Y or Town) Rounty) M (State) | | |
| 1 | A. FUNERALDIRECTOR OF MOORE | ADDRESS ADD | 25G. REC'D BY REGISTRAR DATE AUG 2 3 1966 | 2Sb. REGISTRAR'S SIGNATURE | | |

With a Control of the Section of the 11174 WINDS TO BE SEED AND THE WAR IN The second section of the sect op the lateral structure it is every the con-Eller Street of the Latest Latest Latest A DITTOR TOP OF THE STREET OF THE STREET